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Bib Data Sheet

CONFIRMATION NO. 2213

SERIAL NUMBER 10/673,806	FILING DATE 09/29/2003 RULE	CLASS 422	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. SLU.P.US0002
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APPLICANTS

John J. McEllen, Chagrin Falls, OH;

** CONTINUING DATA *****

NONE BYC

** FOREIGN APPLICATIONS *****

NONE BYC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 01/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>BYC</u>	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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ADDRESS

Ray L. Weber
 Renner, Kenner, Greive,
 Bobak, Taylor & Weber
 First National Tower, Fourth Floor
 Akron, OH
 44308-1456

TITLE

Light module for air treatment units

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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